

Effective Date: November 1, 2006
Revised Dates: July 09, 2008
Revised Dates: November 12, 2008
Revised Dates: April 11, 2012

CRITERIA FOR PRIOR AUTHORIZATION

Abatacept (Orencia®)

PROVIDER GROUP: Pharmacy
Professional

MANUAL GUIDELINES: The following drug(s) requires prior authorization:
Abatacept (Orencia®)

CRITERIA for Rheumatoid Arthritis

Must meet all of the following:

- Diagnosis of moderate to severe, active Rheumatoid Arthritis
- AND
- Prescribed by Rheumatologist
- AND
- Evaluation for latent tuberculosis infection with TB skin test prior to initial PA.
- AND
- Must be 18 years age or older
- AND
- Patient has not taken another biologic agent in the past 30 days.

CRITERIA for Juvenile Idiopathic Arthritis

Must meet all of the following:

- Diagnosis of active Juvenile Idiopathic Arthritis
- AND
- Prescribed by Rheumatologist
- AND
- Evaluation for latent tuberculosis infection with TB skin test prior to initial PA.
- AND
- Must be 6 years old or older
- AND
- Patient has not taken another biologic agent in the past 30 days.

Warnings: May have an increased risk of serious infections.

Notes: Orencia® may be used as monotherapy or 1st line without regard to Methotrexate and Disease Modifying Anti-Rheumatic Drugs (DMARD) for Adult RA, and Juvenile Idiopathic Arthritis.

Prior Authorization will be approved for six (6) months.